

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1956

State File No. **24741**  
Registrar's No. **192**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Charles</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>526 N. Kingshighway</b>		
3. NAME OF DECEASED (Type or Print) <b>ANTHONY</b>		a. (First) <b>ANTHONY</b>		b. (Middle) <b>HOELZEMAN</b>	
c. (Last) <b>HOELZEMAN</b>		4. DATE OF DEATH <b>August 4, 1956</b>		(Month) (Day) (Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 28, 1867</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR: Months <b>11</b> Days <b>7</b> Hours <b>0</b> Min. <b>0</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hatter</b>	
14. KIND OF BUSINESS OR INDUSTRY <b>Hat Mfg. Co.</b>		15. FATHER'S NAME <b>Anton Hoelzeman</b>		16. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. NAME OF HUSBAND OR WIFE <b>Elma Koans Hoelzeman</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		19. SOCIAL SECURITY NO. <b>none</b>	
20. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elma Hoelzeman, St. Charles, Mo.</b>		21. ADDRESS <b>St. Charles, Mo.</b>		22. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>CEREBRAL THROMBOSIS</b> <b>CEREBRAL ARTERIOSCLEROSIS</b> <b>GENERALIZED ARTERIOSCLEROSIS</b>	
23. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS</b> ANTECEDENT CAUSES <b>CEREBRAL ARTERIOSCLEROSIS</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b> DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		24. INTERVAL BETWEEN ONSET AND DEATH <b>6 WKS.</b> <b>10 YRS</b> <b>10 YRS</b>		25. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26. DATE OF OPERATION <b>332x</b>		27. MAJOR FINDINGS OF OPERATION		28. ACCIDENT SUICIDE HOMICIDE (Specify)	
29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		31. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?		34. I hereby certify that I attended the deceased from <b>February 1956</b> to <b>August 4, 1956</b> , that I last saw the deceased alive on <b>August 4, 1956</b> , and that death occurred at <b>9:40 A.M.</b> , from the causes and on the date stated above.	
35. SIGNATURE <b>Paul W. Locher</b> (Degree or title) <b>MD</b>		36. ADDRESS <b>St. Charles, Mo.</b>		37. DATE SIGNED <b>8/6/56</b>	
38. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		39. DATE <b>Aug 7 1956</b>		40. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cem.</b>	
41. LOCATION (City, town, or county) (State) <b>Portage De Sioux, Mo.</b>		42. DATE REC'D BY LOCAL REG. <b>Aug 6 1956</b>		43. REGISTRAR'S SIGNATURE <b>Fannie Hunsicker</b>	
44. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bane</b>		45. ADDRESS <b>St. Charles Mo.</b>		46. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision. .

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4325

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.